PRINTED: 02/11/2011
FORM APPROVED
OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HU N SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

45 3/2.2011

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445275	A. BUILDING _____ B. WING _____	02/09/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE CENTER OF JEFFERSON CITY	336 WEST OLD ANDREW JOHNSON HWY JEFFERSON CITY, TN 37760

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F 164 SS=D	483.10(e), 483.75(l)(4) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS The resident has the right to personal privacy and confidentiality of his or her personal and clinical records. Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident. Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility. The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law. The facility must keep confidential all information contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution; law; third party payment contract; or the resident. This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to provide personal privacy during a dressing change for one resident (#1) of twenty-four residents reviewed.	F164	This Plan of Correction constitutes our written allegation of compliance. "This Plan of Correction is submitted as required under federal and state regulations and statutes applicable to long term care providers. This Plan of Correction does not constitute an admission of liability on the part of the facility, and such liability is hereby specifically denied. The submission of the Plan does not constitute agreement by the facility that the surveyor's findings or conclusions are accurate, that the findings constitute a deficiency, or that scope or severity regarding any of the deficiencies cited are correctly applied." **F164 PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS** **What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?** To address the situation involving the personal privacy of Resident #1—Licensed Practical Nurse (LPN) #2, Certified Nursing Assistant (CNA) #1, and the other staff member who entered room before hearing a response were all educated on a resident's right to personal privacy and the associated procedures that should be followed. This occurred on 2/18/11.	3/26/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Jennifer B Henderson TITLE: Executive Director (X6) DATE: 2/21/11

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 164	Continued From page 1 The findings included: Resident #1 was admitted to the facility on December 13, 2010, with diagnoses including a Stage 3 Pressure Ulcer on the sacrum. Observation of a dressing change with License Practical Nurse (LPN) #2 and Certified Nursing Assistant (CNA) #1 on February 7, 2011, at 2:25 p.m., revealed the resident in bed positioned to one side and exposed from the waist down. Continued observation revealed the privacy curtains and the blinds on the window were not closed to provide privacy during the dressing change. Further observation during the dressing change revealed a knock on the door and a staff member opened the door and entered before LPN #2 could respond. Interview with LPN #2 at the time of the observation confirmed the LPN failed to provide personal privacy for the resident by failing to pull the privacy curtains and window blinds, allowing the resident to be exposed during the dressing change.	F 164	**How will you identify other residents having the potential to be affected by the same deficient practice?** All residents have the potential to be affected. Training, systemic changes, audits, and a performance improvement program as described below have been implemented to ensure all other residents are provided with appropriate personal privacy. **What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?** On 2/18/2011, DON and SDC trained staff on all shifts regarding our residents' rights to personal privacy and the associated procedures they should follow to ensure this is provided at all times. In addition to this we have an annual training for all staff on the topic of resident rights. The right to privacy is covered during this inservice and the next one is scheduled for 4/1/11. DON/Unit Managers/ SDC (Staff Development Coordinator), will perform resident personal privacy audits to ensure staff are following all appropriate procedures when helping/treating/providing care for our residents.	3/26/11

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F 372 SS=F	483.35(i)(3) DISPOSE GARBAGE & REFUSE PROPERLY The facility must dispose of garbage and refuse properly. This REQUIREMENT is not met as evidenced by: Based on observation, review of facility policies and procedures, and interview, the facility failed to dispose of garbage and refuse properly. The finding included:	F 372	**F372 DISPOSE GARBAGE AND REFUSE PROPERLY** **What Corrective Action(s) will be accomplished for those residents found to have been affected by the deficient practice?** New dumpsters have been ordered with doors that close more easily. Trash on ground surrounding dumpsters has been cleaned up. Trash around the dietary exit	3/26/11

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F 372	Continued From page 2 Observation of the dumpster refuse area and the dietary exit area with the Food Services Director on February 7, 2011, at 9:00 a.m., revealed the following: 1. A side door was fully opened on one of two dumpsters. 2. Trash and refuse on the ground surrounding two of two dumpsters, to include a faded soft drink can (embedded in dirt, leaves and pine needles), plastic wrap, aluminum foil, ice cream cups, a plastic cup and plastic silverware (embedded in dirt, leaves and pine needles), condiment containers and packets (salt, sugar, sweet-n-low, ketchup), napkins, pieces of faded paper and faded cardboard, and disposable latex gloves. 3. Trash and refuse scattered and embedded in leaves and pine needles, around the dietary exit area, to include a dirty, stiff rag, stuck to the concrete in less than 10 feet from the exit door, condiment containers (flavored dip, ketchup), and multiple pieces of scattered faded paper products (straw wrappers, napkins, and cardboard). Review of a facility policy and procedure titled "Garbage Receptacle and Ground Safety" revealed, "Policy: The maintenance department is responsible for overseeing that all garbage, trash, and other noninfectious waste shall be stored and disposed of in a manner that shall not permit the transmission of disease, create a nuisance, provide a breeding place for insects or rodents...Procedure: 1. The maintenance director will make rounds every morning...3. All containers for waste shall be covered..." Interview with the Food Services Director at the dumpster refuse area on February 7, 2011, at	F 372	door has been cleaned up. Inservice was performed with Maintenance department on 2/21/11 in which the "Garbage Receptacle and Grounds Safety" policy and procedures were reviewed. **How will you identify other residents having the potential to be affected by the same deficient practice?** All residents have the potential to be affected. Training, audits, and a performance improvement program as described below have been implemented to ensure appropriate disposal of trash and refuse in order to protect our residents. **What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?** Staff Development Coordinator provided an inservice to all staff on 2/18/11 and reviewed each person's role in maintaining clean grounds and appropriate procedures for disposing of trash/refuse. Maintenance Director/Dietary Manager or designee will observe dietary exit area, all grounds, and dumpster area each morning, will ensure appropriate disposal of trash/refuse per policy, and will report findings to ED daily. **How will the corrective action be monitored to ensure the deficient practice will not recur; i.e., what quality assurance program will be put into place?**	3/26/11

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F 372	Continued From page 3 9:10 a.m., confirmed the facility failed to ensure the proper disposal of garbage and refuse.	F 372	Maintenance Director/Dietary Manager or designee will observe dietary exit area, all grounds, and dumpster area each morning, will ensure appropriate disposal of trash/refuse per policy, and will report findings to ED daily for three months, or until 100% compliance is achieved. Maintenance Director/Dietary Manager or designee will report findings to the PI committee for 3 months or until 100% compliance has been achieved for the purpose of recommendations and follow up. Performance Improvement committee includes the ED, DON, Medical Director, Consultant Pharmacist, Dietary Manager, Maintenance Director, and interdisciplinary department heads.	3/26/11